Best Available Copy

Application or	Docket	Numbe
----------------	--------	-------

	PATENT	T APPLICATI Effec	ON FEE ctive Octo	DETERM ober 1, 20	11NAT 200	ION RECO	RD	1/4	K	1 - F	~/\ ~/\~
		CLAIMS A	S FILED	- PART]		SMALI	ENTITY			
Ę	OTAL CLAIM		(Colun	nn 1)	(Col	umn 2)	TYPE		OR		R THAN L ENTITY
TOTAL CLAIMS			22			Contract Contract		E FEE	7	RATE	FEE
<u> </u>	OR 		NUMBER FILED		NUM	BER EXTRA	BASIC FEE 355.0		0 OR	BASIC FE	E · 710.00
T	OTAL CHARGE	EABLE CLAIMS	22 minus 20=		*	2	X\$ 9	= 18	OR	X\$18=	36
INDEPENDENT CLAIMS 6 n				ninus 3 =	* L	3	X40=			Y00	
MULTIPLE DEPENDENT CLAIM PRESENT						 	1,000	OR	 	240	
*	the differenc	e in column 1 is	less than a	zero, enter	"0" in	column 2	+135:		OR	L,	
		CLAIMS AS					TOTA	LHA	5 OR		980
		(Column 1)		(Colum		(Column 3)	SMAL	L ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAI FEE	7	RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	1
AME	Independent	*	Minus	***		=	X40=	 	7	X80=	
_	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			 	OR	l	
							+135=		OR	+270=	
		(Calous 4)					ADDIT. FE		OR	TOTAL ADDIT. FEE	
ω		(Column 1) CLAIMS		(Colum HIGHE	ST	(Column 3)		T 455.	, ,		
ENDMENT		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DNE	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AM	Independent	*	Minus	***		=	X40=		OR	X80=	
	THOTTHESE	ENTATION OF MU	DETIPLE DE	PENDENT	JLAIM		1105		1 1		
							+135=		OR	+270= TOTAL	
		(Column 4)		(0.1			ADDIT. FEE		OR ,	ADDIT. FEE	
ر		(Column 1) CLAIMS		(Columi	ST	(Column 3)					
ZWENDWEN!		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL · FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			X80=	
_	TIHST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM		/	-	OR	∧ou=	
• If	the entry in colur	mn 1 is less than the	entry in colu	mn 2 write "C)" in col	ımn 3	+135=		OR	+270=	
***if	the "Highest Nur	mber Previously Pai mber Previously Pai	d For" IN THIS id For" IN THIS	S SPACE is le	ess than	20, enter "20."	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
T	ne "Highest Num	ber Previously Paid	For" (Total or	Independent) is the l	nighest number fo	ound in the ap	propriate box	in colu	mn 1.	

FORM **PTO-875** (Rev. 8/00)